

PROVINCE Metro Manila
CITY/MUNICIPALITY Mandaluyong

LOCAL CIVIL REGISTRY NO. 92-6864

1. NAME (First) (Middle) (Last) <u>RHENCHIE LEAH</u> <u>EVASCO</u> <u>APELO</u>	2. SEX (Place 'X' on appropriate answer) <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (Day) (Month) (Year) <u>12</u> <u>August</u> <u>1992</u>
4. PLACE OF BIRTH (Name of Hospital/Institution: if not in/ hospital, give street/barangay) (City/Municipality) (Province) <u>The Medical City General Hospital Greenhills Mandaluyong Metro Manila</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS. <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Three or more. <u>1</u> First <u>2</u> Second <u>3</u> Third, 4th, etc.		
6. MAIDEN NAME (First) (Middle) (Last) <u>Flora Tarcila Pablo Evasco</u>	7. NATIONALITY <u>Filipino</u>	8. RELIGION <u>Catholic</u>
9. NAME (First) (Middle) (Last) <u>Rene Alba Apelo</u>	10. NATIONALITY <u>Filipino</u>	11. RELIGION <u>Catholic</u>
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back). <u>January 5, 1991 Las Pifas, M.M.</u>		

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:58 o'clock a.m./p.m. on the date stated above.

Signature <u>[Signature]</u>	Address <u>The Medical City General Hospital</u>
Name in print <u>JUDY ONG FUENTES M.D.</u>	<u>Greenhills Mandaluyong Metro Manila</u>
Title or position <u>Physician</u>	Date <u>August 24, 1992</u>

14. INFORMANT

Signature <u>[Signature]</u>	Address <u>L. 7 B. 39 Peter St., Annex 35</u>
Name in print <u>Rene A. Apelo</u>	<u>Better Living Subd. Pque. M.M.</u>
Relationship to child <u>Father</u>	Date <u>August 24, 1992</u>

15a. PREPARED BY

Signature <u>[Signature]</u>	Signature <u>[Signature]</u>
Name in print <u>Erenita C. Salazar</u>	Name in print <u>JORGE J. CRUZ SR.</u>
Title or position <u>Medical Records Clerk</u>	Title or position <u>REGISTRATION OFFICER II</u>
Date <u>August 24, 1992</u>	Date <u>AUG 31 1992</u>

INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Metro Manila LOCAL CIVIL REGISTRY NO. 92-6864
CITY/MUNICIPALITY Mandaluyong STATUS 15

17. Weight at Birth (In grams) <u>3190</u>	18. Birth Order of Child (first, second, etc.) <u>01</u>	
19a. Total Number of Children Born Alive <u>00</u> <u>00</u>	b. How many children are now living including this birth? <u>01</u> <u>01</u>	c. How many children were born alive but are now dead? <u>00</u> <u>00</u>
20. Usual Occupation <u>Nurse</u>	21. Age at the time of this Birth <u>28</u>	
22. Usual Residence (Barangay) <u>L. 7 B. 39 Peter St., Annex 35</u>	City/Municipality <u>Better Living Subd. Pque. M.M.</u>	(Province) <u>76042</u>
23. Usual Occupation <u>Engineer</u>	24. Age at the time of this Birth <u>26</u>	
25. Attendant at Birth (Place 'X' on appropriate answer) <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot <u>5</u> Others		

Sex 2 Date of Birth 120892 Place of Birth 24013 Mother's Nationality 1 Father's Nationality 1

RESERVE FOR BINDING

Republic of the Philippines
NATIONAL STATISTICS OFFICE
MANILA
OFFICE OF THE CIVIL REGISTRAR GENERAL

THIS IS TO CERTIFY THAT THIS DOCUMENT WAS ISSUED BY A
LOCAL CIVIL REGISTRY PERSONNEL WHO IS AUTHORIZED TO ISSUE
THE SAME AND WHOSE AUTHORITY WAS CONFIRMED BY THE CIVIL
REGISTRAR-GENERAL, AND THAT THE SIGNATURE OF THE SAME
LOCAL CIVIL REGISTRY PERSONNEL WHICH APPEARS ON THIS
DOCUMENT IS SIMILAR TO THE SIGNATURE SPECIMEN OFFICIALLY
SUBMITTED TO AND FILED WITH THIS OFFICE.

FOR THE CIVIL REGISTRAR GENERAL
Gutierrez
MA. TERESA M. CRUZ
Archivist

0073366435
BUREAU OF CIVIL REGISTRY
MANILA

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